

Was this a per-
sonal case?

I think so.

Registrar, F. M. Davis.

Jerico Springs, Mo. June 3-1938.

State Board of Health.

E. J. McLaugh, M.D.

Dr. Barrister here, who is not a Licensed Physician, was this woman's doctor, and of course he could not fill out her death certificate. Dr. Brown of Stockton, Mo. our County Phys. was called and he viewed the body and filled out the certificate. J. M. Davis, Reg.

JERICHO SPRINGS, MO. 192 NO.

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every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: _____

Who died at _____

(City)

(County)

on _____

(Date)

Residence No. _____

St. _____

(If nonresident, city or town)

Residence in city or _____

Time of death occurred: Years _____ Months _____ Days _____

Sex _____ Color or race _____ Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or _____ (b) Industry or business in which work
regular kind of work done, as _____ was done, as silk mill, saw mill,
carpenter, Sawyer, bookkeeper, etc. _____ bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Place of birth (State or Country) _____

Place of birth of father (State or Country) _____

Place of birth of mother (State or Country) _____

Principal cause of death: _____

Peritonitis, septic
Did not see her alive

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town county and State)

Specify whether injury occurred in industry, in home, or in public place.

Jora Alma Dodd
Bedford Co.

Oct 16, 1932,

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WITH